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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 98114 Practitioners associated with the Customer Number. Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to. 1 98114 The address associated with Customer Number: OR Firm or Individual Name Address City State Zin Country Telephone A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Mame Everett Smith Telephone 435-786-3614 Secretary of ICON IP, Inc. & Secretary of ICON Health & Fitness, Inc.

This collection of information is required by 3 F CFF 1.31 * 1.82 and 1.33. The information is required to obtain or makes a benefit by the public vision is to His gard by the HSPFTO in process an expression of Conferentiative as geometric \$4.58 LEGS, C22 and 37 GFF 1.11 and 1.48 * The consistence is administrated to late at animal conference to complete including gathering, preparing, and subveilling the completed application form to the USFTO. Time will vary repending upon a contractive to complete the complete including gathering, preparing, and subveilling the completed application formation to the USFTO. The will vary repending upon comments on the amount of the year required to complete the form anders suppleasines for requiring us business, based to sent to the Cells intermediate Office. U.S. Papertiment of Commerce, P.C. Box x \$50, Alexandria, yA. 22313-1450. DO TOT SEND FLES OR COMPLETED FORMS TO THAS ADDRESS SEND TO: Commission of Portants, P.O. Box x 450, Alexandria, yA. 22313-1450.